



## Written Authorization Form RCSA Section 22a-174-2a(a)(2)(B)

This form is to be used by only those Title V corporations identified in RCSA Section 22a-174-2a(a)(2)(B). Please complete this form in accordance with the instructions (DEP-AIR-SIG-INST-002) to ensure proper handling of your submission.

For identified corporations, this completed form must be submitted to the commissioner and approved prior to submitting any signed documents or other information pertaining to Title V as required by RCSA Section 22a-174-33.

### DEP USE ONLY

Received Date: \_\_\_\_\_

Town No.: \_\_\_\_\_

Premises No.: \_\_\_\_\_

Route Original to the  
Office of the Bureau Chief

### Part I: Company Information

1. Company Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

E-Mail:

Contact Person:

Title:

2. Facility/Premises Name (if applicable):

Premises Address:

City/Town:

State:

Zip Code:

### Part II: Authorized Individual(s) or Position(s)

1. This written authorization applies to:

☐ Named Individual(s):

☐ Named Position(s):

As required by RCSA Section 22a-174-2a(a)(2), such named individual or position is responsible for the overall operation of one or more manufacturing, production or operating facilities subject to RCSA Section 22a-174-33.

2. If you are indicating more than one authorized individual or position at this time, copy this item and complete for each individual or position.

Name, if applicable:

Position:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Email:

Effective Date of Authorization:

## Part II: Authorized Individual(s) or Position(s) (continued)

3. Is this submittal to **replace** a previously designated individual or position? ☐ Yes ☐ No

If yes, list the name(s) of the previously designated individual(s) or position(s) to be replaced:

4. Is this submittal to **add** to a previously designated individual or position?

☐ Yes ☐ No

If yes, list the name(s) of the previously designated individual(s) or position(s):

## Part III: Certification

An officer of the corporation must sign this certification. The form will be considered incomplete unless such signature is provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, under Section 22a-175 of the General Statutes, under Section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify by my signature that the document being submitted herewith complies with Section 22a-174-2a(a) of the Regulations of Connecticut State Agencies.

I certify that this form is as prescribed by the commissioner without alteration of the text."

\_\_\_\_\_  
Signature of Corporate Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Corporate Officer (print or type)

\_\_\_\_\_  
Title

Please submit this form to: OFFICE OF THE BUREAU CHIEF  
BUREAU OF AIR MANAGEMENT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

### DEP USE ONLY

#### Commissioner Approval

The above written authorization submittal naming an individual or position as a duly authorized representative for the purposes of compliance with RCSA Section 22a-174-2a(a)(2)(B) has been:

☐ Approved ☐ Rejected

\_\_\_\_\_  
Commissioner or Commissioner's Designee

\_\_\_\_\_  
Date